



# **State of Delaware The Public Service Commission**

## **Annual Gross Revenue Return And Statement of Assessment Due For the Year 2014**

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Company Name

**On or before March 31 of each year**, each public utility subject to the Provisions of Title 26, Delaware Code, shall file this Annual Gross Revenue Return and Statement of Assessment Due for such Calendar year accompanied by a check in payment thereof with This Commission at the following address:

**DELAWARE PUBLIC SERVICE COMMISSION  
861 SILVER LAKE BLVD. SUITE 100  
DOVER, DE 19904  
PHONE (302) 736-7500**

**The Delaware Public Service Commission**

**Annual Gross Revenue Return  
And  
Statement of Assessment Due  
For the Year 2014**

1. Name of business: \_\_\_\_\_

Federal ID number: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Type of Public Utility Furnished: \_\_\_\_\_

4. Did you operate in Delaware during the whole year? \_\_\_\_\_

If not, show operating period: \_\_\_\_\_

**NOTE: No assessment is imposed on a utility having Delaware gross operating intrastate revenues of less than \$10,000 in and calendar year.**

5. GROSS DELAWARE INTRASTATE OPERATING REVENUES  
(Revenues from utility services in Delaware)  
**Company must provide backup financial data to support this figure;  
show computation on pg. 4.**

\$ \_\_\_\_\_

**REGULATORY ASSESSMENT CALCULATION:**

6. If the amount on Line 5 is Less Than \$10,000 enter Zero (0) on Line 9.

\$ \_\_\_\_\_

7. If the Amount on Line 5 is Greater than \$10,000, multiply Line 5 by .003 (3 mils)

\$ \_\_\_\_\_

8. If the Company made a partial payment pursuant to 26 Del. C. §115 (e) last September, than enter the amount of the payment here. If, not enter Zero (0).

\$ \_\_\_\_\_

9. Net Regulatory Assessment Due.  
Deduct Line 8 from Line 7.

\$ \_\_\_\_\_

**AFFIDAVIT**

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_

20 \_\_\_\_\_.

\_\_\_\_\_  
*Signature*

**NOTARY SEAL**

\_\_\_\_\_  
*Official Title*

\_\_\_\_\_  
*Date Commission Expires*

**CERTIFICATION**

The information reported above is true  
and correct.

\_\_\_\_\_  
*Signature of Individual or Officer*

\_\_\_\_\_  
*Name of Signee (print or type)*

\_\_\_\_\_  
*Title of Signee (print or type)*

\_\_\_\_\_  
*Telephone Number of Signee*

\_\_\_\_\_  
*Address of Signee*

**PREPARER INFORMATION:**

\_\_\_\_\_  
*Signature of Preparer (if other than above)*

\_\_\_\_\_  
*Name of Preparer (print or type)*

\_\_\_\_\_  
*Title of Preparer (print or type)*

\_\_\_\_\_  
*Telephone Number of Preparer*

## **COMPUTATIONS**